

CRITERIA FOR PRIOR AUTHORIZATION

Opioid Dependence Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs require prior authorization:
Buprenorphine/Naloxone (Suboxone® SL Tablet, Zubsolv® SL Tablet, Suboxone® SL Film,
Bunavail® Buccal Film)
Buprenorphine (Subutex®)

CRITERIA FOR BUPRENORPHINE/NALOXONE Must meet all of the following:

- Patient must have a diagnosis of opioid dependence
- Patient must be actively involved in addiction treatment
- Prescriber must have a current XDEA number
- Prescriber must practice in Kansas or a border city and be an enrolled provider with plan
- Daily dose of buprenorphine must not exceed 24mg for Suboxone and Subutex, 17.1mg for Zubsolv, or 12.6mg for Bunavail

CRITERIA FOR BUPRENORPHINE Must meet all of the criteria for buprenorphine/naloxone and one of the following:

- Patient must be pregnant
- Patient must have a documented medical allergy to naloxone

RENEWAL CRITERIA Must meet all initial criteria and the following:

- Patient has not received any other narcotic agents since last prior authorization approval
- Prescriber has reviewed the patient's K-TRACS profile and confirmed the patient is not receiving any narcotic agents in addition to their buprenorphine agent (information regarding the K-TRACS program may be found on The Kansas Board of Pharmacy web site)
- If patient has received opioids the prescriber must validate the reason for use and include information regarding the patient treatment plan

LENGTH OF APPROVAL 3 months